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<b>Application Number</b>	10/597307
<b>Filing Date</b>	19 July 2006
<b>First Named Inventor</b>	MARZIALI, Andrea
<b>Title</b>	SCODAPHORESIS AND METHODS AND ...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	U008 0685

I hereby revoke all previous powers of attorney given in the above-identified application.

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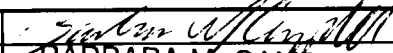
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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature		Date	Aug 18 2006
Name	BARBARA M. CAMPBELL	Telephone	
Title and Company	Associate Director		

NOTE: Signatures of all the inventors or assignees of record or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of one (1) forms are submitted.

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